



### Traveler data / Angaben zum Reisenden

Country to Visit/Reiseland \*

Number of Entries/Anzahl Einreisen \*

Business - Tourist - Technical \*

Last Name/Nachname \*

First Name/Vorname \*

Nationality \*

Email \*

Phone / Telefon \*

### Assistant data / Angaben AssistentIn

Last Name/Nachname

First Name/Vorname

Email

Phone / Telefon

Cell phone/Handy

### Billing address / Rechnungsadresse

Company / Firmenname \*

Attention of / z.Hd. \*

Exact address / Genaue Adresse \*

PO-Number/Cost Center/Auftragsnummer/Kostenstelle

### Passport return address / Rückversandadr. Pass

Company / Firmenname

Attention of / z.Hd.

Exact address / Genaue Adresse

Return address for passport/Rücksendung Pass \*

Send Passport to Billing address/Passversand wie Rechnungsadresse

*For administrative reasons we require credit card payment for private persons.  
Aus administrativen Gründen verlangen wir Kreditkartenzahlung bei Privatpersonen.*

Payment/Zahlung \*

- Invoice/Rechnung
- Credit Card

Credit Card Number with Expiry Date MM/YY

Number

Expiry Date

Date of request / Datum des Auftrags

Return my passport until: / Pass zurück bis:

### Required Shipping / Gewünschte Versandart:

Swiss Post Registered A-Post next working day (Monday-Friday) - CHF 9,00

DHL Courier Standard next working day (Monday-Friday) - CHF 18,50

Courier SAME DAY - price on request

Swiss Post Registered EXPRESS next day (Monday-Saturday) - CHF 22,00

DHL Courier Rapid next working day (Monday-Friday) - CHF 23,50

Courier international - price on request



# Consular Service Fly

Visa and Consular Service  
Bern - Geneva

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## Required documents: Thailand - eVisa Non-Immigrant O-A Pensioners long stay

**Validity of Visa:**  
1 year

**Max. Duration of stay:**  
1 year

**Permitted entries:**  
multiple

- Our Visa Request Form
- Application form      Questionnaire PDF - (the online application form will be filled by us)
- Scan of passport, valid at least 6 months beyond return date, good quality, colored
- If non-Swiss - Copy Swiss residence permit B or C
- Digital passport photo (jpg) - good quality, colored, white background, not older than 4 months
- Bank statements of the last 3 full months, min. 800.000 THB
- Criminal record
- Foreign Insurance Certificate
- Medical Check Formular
- Certificate of insurance (with inclusion of repatriation costs in case of death, valid for the entire duration of the stay)

**Submission procedure: The visa is an electronic visa. The issued visa will be sent to you in PDF form and should be carried with you when you enter the country. Send us all documents by email.**

Processing time standard application 6-9 working days

*Our service and responsibility is completed from the moment we post our documents at the Swiss Post or Courier Service. We are not liable for any delay or loss of documents posted on time.*

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• [info@consular-service.ch](mailto:info@consular-service.ch) • [www.consular-service.ch](http://www.consular-service.ch) •

### Office Bern

Postadresse: Postfach 9008, 3001 Bern  
Domizil: Murtenstrasse 114, 3202 Frauenkappelen  
Tel. +41 (0) 31 888 80 80 - Fax +41 (0) 31 888 80 85

### Office Genève

Adresse postale: Case postale 1345, 1211 Genève 1  
Tel. +41 (0) 22 888 50 80 - Fax +41 (0) 22 888 50 85



# Consular Service Fly

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Processing time express application not available

Processing time urgent application not available

## Comment/Remarks

Consular Service FLY

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## Thailand eVisa

(missing information may lead to a delay of the application – fehlende Informationen können zu einer verspäteten Einreichung führen)

Name of Traveler/Name Reisender	
<input type="checkbox"/> Country and Place of birth/ Geburtsland und -ort	
<input type="checkbox"/> Address/Adresse	
<input type="checkbox"/> Postal Code – City/PLZ – Ort	
<input type="checkbox"/> Phone/Telefon	
<input type="checkbox"/> Civil Status/Zivilstand	single                      married/verheiratet divorced/geschieden      widowed/verheiratet
Required Visa/Gewünschtes Visum	Tourist single entry Tourist multiple entry Non-Immigrant family of Thai nationals Non-Immigrant Retired/Pensionierte Non-Immigrant Retired Long Stay Business
Date and port of arrival/Datum und Ankunftsort	Date:                      Port:
Intended days of stay/Anzahl der Aufenthaltstage in Thailand	
<b>Employer's name/Name des Arbeitgebers</b>	
<input type="checkbox"/> Current occupation/Beschäftigung	
<input type="checkbox"/> <b>Employer's address/Adresse Arbeitgeber</b>	

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<input type="radio"/> <b>Employer's Phone /Telefon Arbeitgeber</b>	
Have you ever visited Thailand ?	yes/ja                      no/nein
Have you ever applied for Thai visa ?	yes/ja                      no/nein
Are you travelling as part of a tour group ?	yes/ja                      no/nein
Address in Thailand/Adresse in Thailand:	
<input type="radio"/> Phone/Telefon	
<input type="radio"/> E-Mail	
Annual income/jährliches Einkommen	0 no income/kein Einkommen < 20'000 income/Einkommen 20'000 – 40'000 income/Einkommen 40'000 – 60'000 income/Einkommen 60'000 – 80'000 income/Einkommen > 80'000 income/Einkommen

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Department of Health Service Support, Ministry of Public Health of Thailand

Tel +6621937000 Ext. 18404, 18421 (Office Hours)

E-mail: [medicalhub.hss64@gmail.com](mailto:medicalhub.hss64@gmail.com) website: [www.hss.moph.go.th](http://www.hss.moph.go.th)

Insurance Policy No. ....

Period of Insurance

...../...../..... to ...../...../..... Time.....

**Foreign Insurance Certificate**

**for Alien to apply for Non-Immigrant Visa Type O-A (Period 1 Year)**

**Insurance Policy Title.....**

This insurance certificate is issued to certify that Name.....Surname.....  
Nationality.....Gender.....Age.....Years Passport No. .... ; the insured person is  
insured by health insurance in accordance with the law and regulations for foreigners who apply for the Non-Immigrant  
Visa Type O-A (period 1 year). The coverage territory of this health insurance includes Thailand. This health insurance  
also covers Covid-19 disease with the total sum insured of THB.....per policy year. (Subject to  
the benefits detailed in the schedule of the insurance policy)

The period of insurance begins from D/M/Y..... at .....hours until  
D/M/Y.....at.....hours as stipulated on the Insurance Policy No.....  
of the Company.....

.....  
( ..... ) ( ..... ) ( ..... )  
Director Director Authorized Signature

Insurance Company Address .....  
.....  
.....  
Telephone Number .....  
Contact Person.....  
E-mail.....  
Website of the Insurance Company .....  
.....

ใบรับรองแพทย์  
**MEDICAL CERTIFICATE**

วันที่.....  
Date

ข้าพเจ้า นายแพทย์.....แพทย์แผนปัจจุบันชั้นหนึ่ง  
Name a medical doctor

ใบอนุญาตประกอบวิชาชีพเวชกรรม เลขที่..... ออกให้ ณ วันที่..... เดือน..... ค.ศ.....  
holding medical license No. issued on day month A.D.

ได้ทำการตรวจร่างกาย..... เมื่อวันที่.....  
have examined (name) on date

แล้วปรากฏว่า.....ปราศจากโรค ดังต่อไปนี้  
and have found (name) free from the following diseases:

- |                          |                        |
|--------------------------|------------------------|
| 1. โรคเรื้อน             | LEPROSY                |
| 2. วัณโรคระยะอันตราย     | TUBERCULOSIS (T.B.)    |
| 3. โรคเท้าช้าง           | ELEPHANTIASIS          |
| 4. โรคยาเสพติดให้โทษ     | DRUG ADDICTION         |
| 5. โรคซิฟิลิสในระยะที่ 3 | THIRD STEP OF SYPHILIS |

.....เป็นผู้มีร่างกายแข็งแรง สมบูรณ์ ไม่เป็นผู้มีจิตฟั่นเฟือน  
(name) is in good physical and mental health

หรือไม่สมประกอบ หรือไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็น โรคดังกล่าวข้างต้น  
free from any defect.

(ลงชื่อ).....นายแพทย์ผู้ตรวจ  
Signature M.D.  
(.....)  
Name (in print)